County of San Bernardino Behavioral Health (Print Legibly) Data Entry Initials: Alcohol & Drug Services Client Number: CLIENT EPISODE SUMMARY Confidential Patient Information Reporting Unit #: See Welfare & Institution Code 5328 MI: Client Name: Last \_ **CLOSING** Screen 1 Secondary Primary **Tertiary** Discharge Date: Substance Abuse Problem: [11] Month Day Year [12] 2 Referred To: Route of Administration: [3] Discharge Status: Frequency of Use: [13] **Employment Status:** Client Adherence To Treatment Plan (Y/N): [5] Primary Drug Name: \_\_\_ Client Pregnant During Treatment (Y/N/Z1): Secondary Drug Name: 7 **Pregnancy Termination Reason** Tertiary Drug Name: \_\_ Enter Primary/Secondary Drug Name if Problem Code = (3, 4, 6, 7, 11, 13, 15, 16, Date of Termination: [9] Follow-Up on Referral Prior to Discharge (Y/N): Current Living Situation (Homeless at Discharge) Screen 2 In The Last 30 Days, # of: [13] Alcohol Frequency (#/Z2): Physical Health Problem: IV Use (#/): Emergency Room Visits (#): [15] Paid Days Work (#): Hospital Overnights (#): 16 Number of Arrests (#): Days of Physical Problem (#): Mental Health Problem: 17 Days in Jail (#): 18 Days in Prison (#): Outpatient Emergency Services (#): [19] Days of 12 Step/Other (#): Hospital/Psychiatric Facility Visits (#): Days Living with Substance User (#): Prescribed Medication Taken (Y/N): [20 21 Conflict Days with Family (#): Screen 3 [24]Consent for Future Contact (Y/N): [29] Prior Mental Health Diagnosis (Y/N/Z1): [25]Enrolled in School (Y/N): [30] Children Aged 17 or Less (#/): [26] [31] Enrolled in Job Training (Y/N): Children Aged 5 or Less (#): 27 [32]HIV/AIDS Tested (Y/N): Children in CPS Placement (#): HIV/AIDS Results (Y/N): Children in Placement with No Parental Rights (#):

## **CLIENT EPISODE - CLOSING**

NOTE: The "Z4" (Client Unable to Answer) code is only allowable for certain questions and ONLY when the client is coded in the Client Registration screen as having a Physical Disability of "Developmentally Disabled" or enrolled in a detoxification program.

| Item | 2 | _ | Referred | $T_0$ |
|------|---|---|----------|-------|
|      |   |   |          |       |

| 1 Fed/State Criminal Justice                | 10 Mental Health                       | 19 Other                                      |
|---|--|---|
| 2 Local/County Criminal Justice             | 11 Public Guardian                     | 20 12 Step Program                            |
| 3 Self                                      | 12 Public Health/Public Health Nursing | 21 OTP Probation (Code Formally used for P36) |
| 4 Family/Friend                             | 13 Residential Care Facility           | 22 OTP Parole (Code Formally used for P36)    |
| 5 Employer                                  | 14 Drug Residential                    | 23 DUI / DWI                                  |
| 6 School/College                            | 15 Drug Outpatient                     | 24 Dependency Drug Court                      |
| 7 Medical; hospital/clinic/physicians/nurse | 16 Alcohol Residential/Outpatient      | 25 State Drug Court Partnership/DCP           |
| 8 Social Services                           | 17 Telephone Directory                 | 26 Comp Drug Court Implementation/CDCI        |
| 9 Community Agency                          | 18 Brochure/Flyer/Newspaper/Newsletter | 27 Children Family Services                   |
| ×,,   |  | 28 Post-Release Community Supervision         |

Item 3 – Standard Discharge Status Codes

| 11 Completed Treatment/ Recovery Plan, Goals / Referred | 13 Left before completion with satisfactory progress   |
|---|--|
|   | 15 Left before completion with unsatisfactory progress |

Item 3 – Administrative Discharge Codes

| 14 Left before completion with satisfactory progress   | 17 Death         |
|--|------------------|
| 16 Left before completion with unsatisfactory progress | 18 Incarceration |

## Item 3 Notes:

When using Standard Discharge codes 11, 12, 13 and 15:

(A discharge interview must be completed)

When using Administrative Discharge codes 14, 16, 17 and 18:

(A discharge interview cannot be completed)

When using Administrative Discharge codes 14, 16, 17 and 18:

(Use the Administrative Discharge form)

<u>Item 4 - Discharge Employment Status</u>

| 01 Unemployed, not sought employment in last 30 days | 06 Homemaker, not seeking employment                             |
|--|--|
| 02 Unemployed, has sought employment in last 30 days | 07 Part-time student (less than 12 units) not seeking employment |
| 03 Part Time (less than 35 hours per week)           | 08 Full-time student (12 units or more) not seeking employment   |
| 04 Full time (more than 35 hours per week)           | 09 Employed Student / part time                                  |
| 05 Homemaker, seeking employment                     | 10 Disabled and unemployed/ not seeing employment                |

Item 7 - Pregnancy Termination Reason

| ivem / iregumed ivemmenton itemsor |                     |  |  |  |
|------------------------------------|---------------------|--|--|--|
| 1 Early Termination                | 3 Deceased at Birth |  |  |  |
| 2 Live Birth                       | 4 Miscarriage       |  |  |  |
|                                    |                     |  |  |  |

Item 10 - Current Living Situation

| 1 Homeless | 2 Dependent Living | 3 Independent Living |
|------------|--------------------|----------------------|
|            |                    |                      |

Item 11 - Substance Abuse Problem - Primary, Secondary

| 1 Heroin               | 6 Other Amphetamines | 11 Other Hallucinogens          | 16 Inhalants                        | 24 Other Club Drugs  |
|------------------------|----------------------|---------------------------------|-------------------------------------|----------------------|
| 2 Alcohol              | 7 Other Stimulants   | 12 Tranquilizers                | 17 Over the Counter                 | 25 Ocyodone/Ocyontin |
| 3 Barbiturates         | 8 Cocaine/Crack      | 13 Other Tranquilizers          | 21 Other                            | Z1 Unknown           |
| 4 Other Seds/Hypnotics | 9 Marijuana/Hashish  | 14 Non-Prescription Methadone   | 22 None (Secondary Only & Tertiary) | Z3 Other (specify)   |
| 5 Methamphetamines     | 10 PCP               | 15 Other Opiates and Synthetics | 23 Ecstasy                          |                      |

Item 12- Route of Administration - Primary & Secondary

| 1.0.1     | Harit                             | 70 N : 1: 11              |  |
|-----------|-----------------------------------|---------------------------|--|
| 1 Oral    | 3 Inhalant                        | Z2 None or not applicable |  |
| 2 Smoking | 4 Injection (IV or intramuscular) | Z3 Other                  |  |

| - | tem 13 - Frequency of Use |                           |  |
|---|---------------------------|---------------------------|--|
| ſ | Enter the number of days  | Z2 None or not applicable |  |